

SAFETY AND BUILDINGS DIVISION Field Operations-Rental Weatherization Program P. O. Box 7302 Madison, Wisconsin 53701-2538 TDD #: (608) 264-8777 http/www.commerce.state.wi.us httpwww.wisconsin.gov

RENTAL WEATHERIZATION PROGRAM ORDER FORM FOR SATISFACTION OF STIPULATION OR WAIVER

When requesting a SATISFACTION OF STIPULATION OR WAIVER based on foreclosure; bankruptcy; probate or some other INVOLUNTARY transfer, a copy of the official court ordered document along with a copy of the stipulation/waiver must be submitted. There is no fee for this document, however, due to the volume of requests for this document, please allow 30 days for processing. NOTE: Once this SATISFACTION is received it MUST be recorded at the Register of Deeds, in the County where the rental property is located.

When requesting a DUPLICATE OF A PREVIOUSLY ISSUED CERTIFICATE OF COMPLIANCE, UNDER WISCONSIN ACT 288, please include a copy of the Certificate of Compliance for which you are requested a duplicate along with a copy of the associated Stipulation agreement, whenever possible, or other property identifying information. There is a \$50.00 for this replacement document, please allow 30 days for processing. NOTE: Once this SATISFACTION is received it MUST be recorded at the Register of Deeds, in the County where the rental property is located

located.	
some other INVOLUNTARY to of the signed stipulation agreem Or	
WISCONSIN ACT 288 (enclos	DUSLY ISSUED CERTIFICATE OF COMPLIANCE, UNDER the copy of the missing Certificate of Compliance, the associated or property identifying information along with a \$50.00 check).
Mail request form and check for the total cost of any documents to: Rental Weatherization Program Safety & Buildings Division P.O. Box 7302 Madison WI 53701-7302.	
Note: The Wisconsin Administrative Code, Department of Commerce, Chapter Comm 67, Rental Unit Energy Efficiency can be purchased from Dept. of Administration, Document Sales, P. O. Box 7840, Madison, WI 53707 (1-800-362-7253) or (608-264-9419 for charge card orders).	
REVENUE CODE 7646	
MAKE CHECKS PAYABLE TO WISCONSIN DEPARTMENT OF COMMERCE Fill in the name and address of where to send the documents, and daytime phone in case of questions:	
First and Last Name and Business Name	
Street Address*	
City, State, and Zip Code	
Daytime Phone	gacon daru nurnogas [Privacy Lavy a 15 04/1)(m)]

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. The Department of Commerce is an equal opportunity service provider and employer.

*PLEASE USE STREET ADDRESS -not P.O. Box SBD-10708(R.10/01)